

## PART B - FEE(S) TRANSMITTAL

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466 7590 12/15/2009

**YOUNG & THOMPSON**  
209 Madison Street  
Suite 500  
Alexandria, VA 22314

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the **Mail Stop ISSUE FEE** address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/591,237      | 10/31/2006  | Adrien Bruno         | 0600-1202           | 9263             |

TITLE OF INVENTION: IMAGE TAKING SYSTEM AND A TELEPHONE, A MOBILE TELEPHONE AND A TELEPHONE HOLDER USED BY SAID SYSTEM

| APPLN. TYPE      | SMALL ENTITY | ISSUE FEE DUE  | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|------------------|--------------|----------------|---------------------|----------------------|------------------|------------|
| nonprovisional   | NO           | \$1510         | \$300               | \$0                  | \$1810           | 03/15/2010 |
| EXAMINER         | ART UNIT     | CLASS-SUBCLASS |                     |                      |                  |            |
| GEBRIEL, SELAM T | 2622         | 348-211100     |                     |                      |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 Young & Thompson  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

France Telecom

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Paris, France

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

(if necessary)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Benoit Castel/

Date February 5, 2010

Typed or printed name Benoit Castel

Registration No. 35,041

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